

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **13231**

FILED MAY 4 1953

BIRTH NO.

REG. DIST. NO. **30**

PRIMARY REG. DIST. NO. **4038** Registrar's No. **17**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>BENTON</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>BENTON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WARSAW</b>		c. LENGTH OF STAY (in this place) <b>Wife</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WARSAW 0080</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NONE</b>				d. STREET ADDRESS (If rural, give location) <b>0</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) <b>CHARLES ALBERT ARNOLD</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Apr 27, 1953</b>				
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>Oct 10, 1869</b>		<b>9. AGE (in years)</b> <b>83</b>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>FARM OWNER</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Benton Co. Mo</b>			
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A</b>		<b>13a. FATHER'S NAME</b> <b>Jerry Arnold</b>					
<b>13b. MOTHER'S MAIDEN NAME</b> <b>Harriet</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Sue E. Arnold</b>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Sue E. Arnold</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Hemorrhage</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis</b>  DUE TO (c)			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 hrs</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>19a. DATE OF OPERATION</b> <b>19b. MAJOR FINDINGS OF OPERATION</b> <b>331X</b>					
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)					
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)			
<b>21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></b>		<b>21f. HOW DID INJURY OCCUR?</b>					
<b>22. I hereby certify that I attended the deceased from <u>Apr 27, 1953</u>, to <u>Apr 27, 1953</u>, that I last saw the deceased alive on <u>Apr. 27, 1953</u>, and that death occurred at <u>6:20 A</u> m., from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> (Degree or title) <b>Quincy S. D. Warsaw, MO.</b>		<b>23b. ADDRESS</b> <b>Warsaw, MO.</b>		<b>23c. DATE SIGNED</b> <b>Apr 28, 1953</b>			
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>Apr 29, 1953</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mid Pleasant</b>			
<b>24d. LOCATION (City, town, or county) (State)</b> <b>Benton Co Mo</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>John J. Reser</b>					
<b>DATE REC'D BY LOCAL REG.</b> <b>Apr. 29-1953</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Gas. A. Logan</b>		<b>ADDRESS</b> <b>Warsaw, Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

80

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John J. Reese*

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.